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PTO/SB/17 (05-07)

|   |                        |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |
|---|------------------------|---|--|--------------------|------------------------|-------------|-------------------|----------------------|---------|---------------|--------------|----------|------|---------------------|-------------------|
| <p>Effective on 12/08/2004.<br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                        | <p style="text-align: center;"><b>Complete If Known</b></p> <table border="1"> <tr> <td>Application Number</td> <td>10/748,374-Conf. #3168</td> </tr> <tr> <td>Filing Date</td> <td>December 29, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Xing Su</td> </tr> <tr> <td>Examiner Name</td> <td>K. D. Salmon</td> </tr> <tr> <td>Art Unit</td> <td>1634</td> </tr> <tr> <td>Attorney Docket No.</td> <td>21058/0206460-USO</td> </tr> </table> |  | Application Number | 10/748,374-Conf. #3168 | Filing Date | December 29, 2003 | First Named Inventor | Xing Su | Examiner Name | K. D. Salmon | Art Unit | 1634 | Attorney Docket No. | 21058/0206460-USO |
| Application Number  | 10/748,374-Conf. #3168 |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |
| Filing Date   | December 29, 2003      |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |
| First Named Inventor  | Xing Su                |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |
| Examiner Name   | K. D. Salmon           |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |
| Art Unit  | 1634                   |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |
| Attorney Docket No.   | 21058/0206460-USO      |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |
| <p><b>TOTAL AMOUNT OF PAYMENT (\$)</b> 150.00</p>   |                        |   |  |                    |                        |             |                   |                      |         |               |              |          |      |                     |                   |

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|--|--|
| <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check            <input checked="" type="checkbox"/> Credit Card            <input type="checkbox"/> Money Order            <input type="checkbox"/> None            <input type="checkbox"/> Other (please identify): _____       </p> <p> <input type="checkbox"/> Deposit Account            Deposit Account Number: <u>04-0100</u>            Deposit Account Name: <u>Darby &amp; Darby P.C.</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below            <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee       </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17            <input checked="" type="checkbox"/> Credit any overpayments       </p> |  |
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|--|-----------------|--|-----------------|--|-----------------|--|-----------------|--|--|
| <p><b>FEE CALCULATION</b></p>  |                 |  |                 |  |                 |  |                 |  |  |
| <p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p>  |                 |  |                 |  |                 |  |                 |  |  |
|  |                 | <p style="text-align: center;"><b>FILING FEES</b></p>  |                 | <p style="text-align: center;"><b>SEARCH FEES</b></p>          |                 | <p style="text-align: center;"><b>EXAMINATION FEES</b></p> |                 |  |  |
|  |                 | <p style="text-align: center;"><b>Small Entity</b></p> |                 | <p style="text-align: center;"><b>Small Entity</b></p>         |                 | <p style="text-align: center;"><b>Small Entity</b></p>     |                 |  |  |
| <b>Application Type</b>  | <b>Fee (\$)</b> | <b>Fee (\$)</b>  | <b>Fee (\$)</b> | <b>Fee (\$)</b>  | <b>Fee (\$)</b> | <b>Fee (\$)</b>  | <b>Fee (\$)</b> | <b>Fees Paid (\$)</b>                                  |  |
| Utility  | 300             | 150  | 500             | 250  | 200             | 100  |                 |  |  |
| Design   | 200             | 100  | 100             | 50   | 130             | 65   |                 |  |  |
| Plant  | 200             | 100  | 300             | 150  | 160             | 80   |                 |  |  |
| Reissue  | 300             | 150  | 500             | 250  | 600             | 300  |                 |  |  |
| Provisional  | 200             | 100  | 0               | 0  | 0               | 0  |                 |  |  |
| <p><b>2. EXCESS CLAIM FEES</b></p>   |                 |  |                 |  |                 |  |                 |  |  |
|  |                 |  |                 |  |                 |  |                 | <p style="text-align: center;"><b>Small Entity</b></p> |  |
| <p><b>Fee Description</b></p>  |                 |  |                 |  |                 |  |                 | <p><b>Fee (\$)</b>    <b>Fee (\$)</b></p>              |  |
| <p>Each claim over 20 (including Reissues)</p>   |                 |  |                 |  |                 |  |                 | <p>50    25</p>  |  |
| <p>Each independent claim over 3 (including Reissues)</p>  |                 |  |                 |  |                 |  |                 | <p>200    100</p>                                      |  |
| <p>Multiple dependent claims</p>   |                 |  |                 |  |                 |  |                 | <p>360    180</p>                                      |  |
| <p><b>Total Claims</b></p>   |                 | <p><b>Extra Claims</b></p>                             |                 | <p><b>Fee (\$)</b></p>   |                 | <p><b>Fee Paid (\$)</b></p>                                |                 | <p><b>Multiple Dependent Claims</b></p>                |  |
| <p>39 - 36 = 3</p>   |                 | <p>x 50 =</p>  |                 | <p>150.00</p>  |                 | <p><b>Fee (\$)</b></p>                                     |                 | <p><b>Fee Paid (\$)</b></p>                            |  |
| <p>HP = highest number of total claims paid for, if greater than 20.</p>   |                 |  |                 |  |                 |  |                 |  |  |
| <p><b>Indep. Claims</b></p>  |                 | <p><b>Extra Claims</b></p>                             |                 | <p><b>Fee (\$)</b></p>   |                 | <p><b>Fee Paid (\$)</b></p>                                |                 |  |  |
| <p>3 - 0 = 3</p>   |                 | <p>x 0 =</p>   |                 | <p>0.00</p>  |                 |  |                 |  |  |
| <p>HP = highest number of independent claims paid for, if greater than 3.</p>  |                 |  |                 |  |                 |  |                 |  |  |
| <p><b>3. APPLICATION SIZE FEE</b></p>  |                 |  |                 |  |                 |  |                 |  |  |
| <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).</p> |                 |  |                 |  |                 |  |                 |  |  |
| <p><b>Total Sheets</b></p>   |                 | <p><b>Extra Sheets</b></p>                             |                 | <p><b>Number of each additional 50 or fraction thereof</b></p> |                 | <p><b>Fee (\$)</b></p>                                     |                 | <p><b>Fee Paid (\$)</b></p>                            |  |
| <p>_____ - 100 =</p>   |                 | <p>150 =</p>   |                 | <p>(round up to a whole number) x</p>                          |                 | <p>_____ =</p>   |                 |  |  |
| <p><b>4. OTHER FEE(S)</b></p>  |                 |  |                 |  |                 |  |                 |  |  |
| <p>Non-English Specification, \$130 fee (no small entity discount)</p>   |                 |  |                 |  |                 |  |                 |  |  |
| <p>Other (e.g., late filing surcharge):</p>  |                 |  |                 |  |                 |  |                 |  |  |

|                            |               |                                      |                |
|----------------------------|---------------|--------------------------------------|----------------|
| <p><b>SUBMITTED BY</b></p> |               |                                      |                |
| Signature                  | /Raj S. Davé/ | Registration No.<br>(Attorney/Agent) | 42,465         |
| Name (Print/Type)          | Raj S. Davé   | Telephone                            | (202) 639-7515 |
|                            |               | Date                                 | July 23, 2007  |

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